BEST AVAILAGE PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09899503

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							F	RATE	FEE		RATE	FEE
			NUMBER F	NUMBER FILED		ER EXTRA	B	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			18 minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS / minus				us 3 =	. 0			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							t	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL			TOTAL	710
CLAIMS AS AMENDED - PART II											OTHER	
(Column 1)					mn 2)	(Column 3)	_	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	TCLAIM		!	+135=		OR	+270=	
							L	TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		DDIT. FEE			AUUII. FEE	
AMENDMENT B	Page Signation	CLAIMS		HIG	HEST		1 г		ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=] [X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		J ↾	+135=		OR	+270=	
							L	TOTAL		OR	TOTAL	
				(O. I.		(Calumn 0)		DDIT. FEE			ADDIT. FEE	
	TO MAKE THE SERVICE OF THE	(Column 1) CLAIMS	V . V		ımn 2) HEST	(Column 3)	1 -		1001			4551
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	MBER TIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	<i>7</i> ·
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN					1	J ├					
	If the contact to a contact	d ja laas Mas	the entry in set	ımn 0	ita "O" in a	olumn 3	L	+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
Ī	The "Highest Nur	nher Previously P	aid For" (Total o	r Indeper	dent) is th	e highest numb	er fou	nd in the ap	propriate bo	x in c	olumn 1.	